

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report July 21, 2021

Auditor Information

Name: Crystal Norment Email: crystal.norment@gmail.com

Company Name: Correctional Management & Communication Group

Mailing Address: 604 N Highway 27 Suite #1 City, State, Zip: Minneola, FL 34715

Telephone: 901-644-4738 Date of Facility Visit: June 15-16, 2021

Agency Information

Name of Agency: Governing Authority or Parent Agency (If Applicable):

Illinois Department of Corrections State of Illinois IDOC

Physical Address: 1301 Concordia Court City, State, Zip: Springfield, Illinois 61794

Mailing Address: P. O. Box 19277 City, State, Zip: Springfield, Illinois 61794

Telephone (217) 558-2200 Is Agency accredited by any organization? ☐ Yes ☒ No

The Agency Is: ☐ Military ☐ Private for Profit ☐ Private not for Profit

☐ Municipal ☐ County ☒ State ☐ Federal

Agency mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

Agency Website with PREA Information: <http://idoc.com>

Agency Chief Executive Officer

Name: Rob Jeffreys Title: Director

Email: rob.jeffreys@illinois.gov Telephone: 217-588-2200

Agency-Wide PREA Coordinator

Name: Ryan Nottingham Title: State PREA Coordinator

Email: ryan.nottingham@illinois.gov Telephone: 217-558-2200

PREA Coordinator Reports to: Illinois Chief of Compliance	Number of Compliance Managers who report to the PREA Coordinator 31
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Facility Information

Name of Facility:	Taylorville Correctional Center		
Physical Address:	1144 Illinois Route 29 South, Taylorville, IL 62568		
Mailing Address (if different than above):	Click or tap here to enter text.		
Telephone Number:	217-824-4004		
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission:	To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.		
Facility Website with PREA Information:	www.illinois.gov.idoc		

Warden/Superintendent

Name:	Melinda Eddy	Title:	Warden
Email:	Melinda.eddy@illinois.gov	Telephone:	217-824-4004

Facility PREA Compliance Manager

Name:	Jerrold Wainscott	Title:	Clinical Services Supervisor
Email:	Jerrold.wainscott@illinois.gov	Telephone:	217-824-4004

Facility Health Service Administrator

Name:	Katie Hackney	Title:	Health Care Unit Administrator
Email:	Katie.hackney@illinois.gov	Telephone:	217-824-4004

Facility Characteristics

Designated Facility Capacity:	1221	Current Population of Facility:	664
Number of offenders admitted to facility during the past 12 months	173		
Number of offenders admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	173		
Number of offenders admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	101		

Number of offenders on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	Youthful Offenders Under 18: 0	Adults: Click or tap here to enter text.	
Are youthful offenders housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful offenders housed at this facility during the past 12 months:		0	
Average length of stay or time under supervision:		15 months	
Facility security level/inmate custody levels:		Minimum	
Number of staff currently employed by the facility who may have contact with offenders:		277	
Number of staff hired by the facility during the past 12 months who may have contact with offenders:		0	
Number of contracts in the past 12 months for services with contractors who may have contact with offenders:		2	
Physical Plant			
Number of Buildings: 21		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		6	
Number of Open Bay/Dorm Housing Units:		6	
Number of Segregation Cells (Administrative and Disciplinary):		8	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
Taylorville CC has 9 cameras located in programming areas around the facility to include food service, education building, and health services. There are no cameras in the housing units. Cameras monitor the compound to include the front of the housing units. The Central Control Room monitors the cameras.			
Medical			
Type of Medical Facility:		Primary medical care and infirmary for long term care	
Forensic sexual assault medical exams are conducted at:		St. John Hospital, Springfield, IL	
Other			
Number of volunteers and individual contractors, who may have contact with offenders, currently authorized to enter the facility:		144 Volunteers/ 59 Contractors	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		21	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, and observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) Audit for the Taylorville Correctional Center located at 1144 Illinois Route 29 South, Taylorville, Illinois 62568, was coordinated through a solicitation of PREA auditing services through Correctional Management and Communications Groups (CMCG) and the Illinois Department of Corrections. DOJ Certified PREA Auditors, Debra Dawson and Crystal Norment (Lead Auditor), representatives with Correctional Management and Communications Group, was notified by email of assignment to conduct the PREA recertification audit. The PREA recertification audit was conducted on June 15 – 16, 2021.

The audit process began prior to the on-site visit. Specifically, the audit process began with communication contact between CMCG, the assigned PREA auditor, and the Agency PREA Coordinator, Ryan Nottingham. Mr. Nottingham provided PREA information via a secure email link to the auditor. The link was available to the auditor for 10 downloads. The file contained the PAQ and supporting documentation for each of the 43 standards.

Following the protocols, including posting of notice (posting was initiated through CMCG), the auditor began reviewing the material forwarded in the prior weeks. The auditor received confirmation of the audit notice postings on May 4, 2021, via photograph copies of the notices posted throughout the facility. The audit review period was determined as April 1, 2020 – March 31, 2021.

The auditor utilized resources within the PREA Auditor Portal for completion and return to the auditor by the Taylorville CC PCM on March 18, 2021. The submitted forms included the PREA Audit Request for Information of Allegations and Investigations Overview; PREA Audit File Review Identification Forms; Specialized Inmate Identification Forms, and PREA Audit Specialized Staff Identification Forms. These forms allowed the auditor to select investigative files, staff personnel files, identify specialized staff and identify inmates within the various targeted categories for interviews during the on-site visit, and during the post audit while writing the report.

The auditor reviewed the Agency Website, The Annual PREA Reports and prior PREA audit reports for the facility. The information from the standard files and the PAQ was used to complete the PREA Compliance Audit Instrument Checklist of Policies/Procedures; the PREA Resource Audit Instrument and

other documents in advance to identify additional information that might be required and could be collected prior and during the audit visit. Information from the files was used during pre-audit prior to the site visit, during the site visit, and during the post audit while writing the report. Data received required confirmation of documentation that each part of the 43 standards was in place by policy and practice.

On Tuesday, June 15, 2021, at 8: 00 a.m., the PREA audit team arrived for the initial PREA on-site visit at TAYLORVILLE CC. An initial meeting took place in the Warden's Conference Room. The meeting consisted of facility personnel assigned to assist the audit team during the audit process and tour of the facility. Those in attendance were: DOJ Certified PREA Auditor Debra Dawson, DOJ Certified PREA Auditor Crystal Norment(Lead Auditor), Warden Melinda Eddy, Associate Warden Programs, Bill Stempinski, Kimberly Smith, Deputy Director, Wayne Prose, LT., Clinical Services Supervisor/PREA Compliance Manager Jerrod Wainscott, Internal Affairs Investigators Josh McDannald and Brian Moore, and Agency PREA Coordinator, Ryan Nottingham. The auditor explained the audit process, schedule and informed staff that the purpose of the on-site visit was to observe and assess all areas of the facility in order to verify compliance with the PREA Standards.

The TAYLORVILLE CC has an authorized staff compliment of 306 to include security and non-security staff. The staff complement at the time of the audit was 277 staff. There is currently a vacancy of 23 security staff. The security staff works three shifts consisting of 7:00 a.m. until 3:00 a.m.; 3:00 p.m. until 11:00 p.m.; and 11:00 p.m., until 7:00 a.m. There are 72 non-security staff.

The TAYLORVILLE CC uses contracts to supplement staffing in medical and mental health to support the mission of the facility. The medical staff is contracted through Wexford Health Resources and has a staff complement of 42. Vocational staff is contracted through Lakeland Community College. There were a total of 42 contract workers and 0 volunteers during the audit on-site visit due to COVID-19 restrictions.

The auditor conducted interviews with security, non-security, specialized staff, and contractor staff. The auditor conducted 12 random sample staff interviews and 13 specialized staff interviews. The auditor completed a total of 25 staff interviews from staff covering all shifts.

The auditor selected and carefully examined a random sampling of 75 personnel files, staff training files, and volunteer/ contractor files. Staff are not hired or allowed entrance to the facility until a thorough background check is completed. The training records were also very complete and included written documentation that staff, contractors, and volunteers received the required PREA training. The auditors also viewed signatures of staff on training forms documenting that the staff understood the PREA training received.

The auditor also selected and examined a sampling of 62 offender files and observed documentation of the inmate receiving PREA education, as well as documentation of risk screenings.

Security staff selected for interviews was from each of the three shifts. Those staff interviewed included random and specialty staff that included: Sergeants; Majors; Correctional Officers; Segregation Supervisor; Intake Officer; educational staff; program staff; administrative staff intermediate/higher-level staff (unannounced rounds staff; outside support advocacy group; incident review team member; staff who perform inmate screening; Agency Contract Administrator; Agency Head/Designee; State PREA Coordinator; health care staff; mental health staff; human resource manager; SANE nurse; staff who perform screening for risk of victimization; staff who perform first responder duties; staff who monitor retaliation; and contract staff. The auditor did not interview volunteers during the site visit as volunteer programs are suspended due to COVID-19. The auditor interviewed the Chaplain who serves as the Volunteer Coordinator and reviewed the volunteer training records.

Sampling for interviews with inmates from each housing unit was selected by the selection of bed assignments throughout every housing unit. The auditor interviewed 28 random inmates and the selection of 13 targeted inmates for interviews. The following targeted groups of inmates were interviewed: 3 with a Physical Disability; 2 who Identified as Vision Impaired; 1 who Identified as Hearing Impaired; 2 who Identified as Transgender; 2 who Identified as Gay; 1 who identified as Bi-Sexual; 3 Inmates who reported prior victimization during risk screening. There were no inmates at TAYLORVILLE CC who were identified as the following: Inmates with a Cognitive Disability; or Inmates in Segregated Housing for High Risk of Sexual Victimization. Therefore a total of 43 inmates were formally interviewed. The auditor conducted 11 informal interviews with the inmate population during the tour questioning inmates on their knowledge and understanding of PREA standards. All inmates interviewed acknowledged receiving PREA training and shared their knowledge of PREA and how to report allegations of sexual abuse and/or sexual harassment.

There were 8 allegations of sexual abuse and/or sexual harassment reported at TAYLORVILLE CC during the past 12 months for investigation. There were 3 allegations of sexual abuse and 5 allegations of sexual harassment. The 3 allegations of sexual abuse were unsubstantiated and the 5 allegations of sexual harassment were unfounded.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Taylorville Correctional Center is a minimum security adult male facility located on Illinois Route 29 South 30 miles from Springfield, IL. The prison was opened in 1990. In 1995 the facility was designated a STG Free facility, housing no offenders with a Security Threat Group affiliation. The designated facility population capacity is for 1221 offenders. The facility is a programming facility with a drug treatment unit. The facility consists of 21 buildings on 80 acres of land with 20 acres inside the secure perimeter. The outside warehouses for institution supplies, vehicle maintenance and maintenance departments are located outside of the perimeter fence. The facility has 5 security towers that are manned daily.

An offender's average length of stay is 15 months. The age range is 20-87. Taylorville CC has 277 staff that have contact with the offender population. They utilize contract staff to supplement medical and mental health services. They have 144 volunteers serving the facility. The population during the audit was 664. Taylorville CC does not house Youthful Offenders or Female Offenders.

The facility has not had any major or significant expansions, or modifications since initial construction. They have 9 cameras and have requested funding from the IDOC to install 170 additional cameras.

The mission of the Illinois Department of Corrections is to serve justice and increase public safety by promoting positive change in offender behavior, by operating successful reentry programs and reducing victimization. Taylorville Correctional Center strives to provide a safe and secure environment to ensure the offender population will have the opportunity to participate in treatment and education programs that will better enable them to live productive lives upon release. Taylorville CC operates 5 vocational programs in meeting the mission of the Department. The vocational programs are career technology, culinary arts, construction occupations, commercial custodial, and horticulture. They have various self-help programs to include alcoholics anonymous and narcotics anonymous. Other programs and activities available to the inmate population include recreational activities, leisure and legal library access, personal development programming, and various religious faith programs.

The facility has six housing units. These housing units are designed with an A/B side which can hold 100 beds and a control desk with a wing officer and a control Sgt. Each is multiple occupancy cell housing units. Only 5 units were occupied because the population has been reduced due to no movement as a result of COVID-19 restrictions. The housing units are single story buildings. They have a dayroom with tables and seating, a writing desk area, a laundry room, and a shower area with 10 shower heads, but only 5 are operational. There is an unwritten rule that only one person showers at a time. The sink and toilet area has 9 sinks and 5 toilets and 2 urinals. Offenders are able to use these areas without being seen from the dayroom. Telephones are mounted on the wall and the PREA Hotline number is stenciled on the wall and there is signage on the walls. There are 5 dorms per side with 10 bunks per dorm which hold 20 persons.

The Health Care Unit provides comprehensive medical, dental and mental health care to the inmate population. A small in-patient medical wing is located in the medical department. Inmates in this wing include long term care. Mental Health programs are offered which includes individual and group counseling. Medical care is provided 24 hours a day, seven days a week. Outside medical services are provided by St. John's Hospital in Springfield, IL.

Upon approval, inmates are assigned to work in various areas throughout the facility to include food services, mechanical services, education and recreation, commissary, laundry, and perform janitorial services. Offenders may participate in ABE/GED programs and vocational programs.

During the on-site review the Auditor concluded through observations, interviews and review of documentation that staff were knowledgeable regarding their responsibilities as a first responder and mandatory duty to receive and report any PREA allegations. The auditor observed the PREA posters throughout the facility and the notices of the audit were posted. The auditor observed grievance boxes and request forms were available. The auditor observed the location and design of the shower/toilet areas to ascertain if any privacy issues resulted. Additionally, there were observations of blind spots, camera deployment, use of mirrors to mitigate blind spots; staffing levels; supervision of offenders; and accessibility to telephones and programs. The auditor noted that there were several areas in which mirrors could be used to mitigate blind spots in the education building and food services areas. The Warden was advised of this during the tour and agreed to try to secure more mirrors. The auditor observed the postings about female staff working in the housing units and the offenders interviewed acknowledge that an announcement is made when female staff enter the housing unit. During the interviews, offenders stated that the facility felt safe and they were comfortable with advising staff if they had any issues.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

At the completion of the on-site visit on February 8, 2018, an “out-briefing” meeting was held. In addition to the PREA audit team, those in attendance were the Warden, Associate Warden (O), Associate Warden (P), Agency PREA Coordinator, PREA Compliance, and Investigative Staff. At the conclusion of the audit process, the facility was determined to be in compliance with each of the 43 PREA standards.

Number of Standards Exceeded: 0

Number of Standards Met: 43

115.11; 115.12; 115.13; 115.14; 115.15; 115.16; 115.17; 115.18; 115.21; 115.22; 115.31; 115.32; 115.33; 115.34; 115.35; 115.41; 115.42; 115.43; 115.51; 115.52; 115.53; 115.54; 115.61; 115.62; 115.63; 115.64; 115.65; 115.66; 115.67; 115.68; 115.71; 115.72; 115.73; 115.76; 115.77; 115.78; 115.81; 115.82; 115.83; 115.86; 115.87; 115.88; 115.89

Number of Standards Not Met: 0

Click or tap here to enter text.

Summary of Corrective Action (if any)

None

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of IDOC Policies Administrative Directive (A.D.) 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; Institution Directive (I.D.) 04.01.301, Offender Sexual Assault-Prevention and Interview, IDOC memorandums, and the facility organizational chart it was confirmed by the auditor that Taylorville Correctional Center (TAYLORVILLE CC) and the agency has written policies and procedures in place to support the agency's mission, and goal of maintaining a zero tolerance of sexual abuse and sexual harassment and meet the mandates of this standard. The policies provide an outline of required practice in the agency's approach to preventing, detecting, and responding to the conduct of such. The policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment of offenders with sanctions for those found to have participated in these prohibited behaviors. Therefore it is determined that Taylorville CC meets the mandates of this standard.

The IDOC Policy AD 04.01.30, Sexual Abuse and Harassment Prevention and Intervention Program identify the agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of offenders. During interviews with the selection of random staff and specialty staff, each confirmed receiving PREA training and was knowledgeable of their responsibilities. PREA training is provided to staff during initial in-service and annually during cycle training. Those individuals interviewed shared their understanding of the agency's zero tolerance in sexual abuse and sexual harassment within the guidelines of the PREA standards. PREA posters and literature describing the agency's zero tolerance of sexual abuse and sexual harassment were observed by the auditors strategically located and accessible throughout the facility for staff and inmate awareness.

The Agency PREA Coordinator is a position assigned by the IDOC Director to coordinate the Department's statewide compliance with PREA. In this position, he has the authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all IDOC facilities. During an interview with the Agency-Wide PREA Coordinator, he confirmed he has sufficient time to fulfill his obligations in the development, implementation and maintaining oversight of the agency's compliance with PREA standards in all IDOC facilities.

The Taylorville CC is one of several facilities managed by IDOC. During an interview with the Agency PREA Coordinator, he explained he is assigned to monitor all 31 IDOC facilities. He continued in stating, correspondence with these facilities and the PREA Compliance Managers occurs via

SharePoint site, email, phone and site visits and all IDOC facilities are aware of an open line of communication. He further confirmed that if an issue arises in regards to compliance with a PREA standard he would take measures to contact the specific division in concern and initiate a corrective action. This could include the review of policy, procedures or any rule that encompasses concern. Agency legal, policy unit, training unit and administration are included with review. The agency utilizes the PREA Resource Center and networks with other state PREA coordinators and DOJ contacts if necessary.

In accordance with IDOC A.D. 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; the Chief Administrative Officer of each correctional facility shall designate a facility PREA Compliance Manager and an alternate PREA Compliance Manager who are trained in sexual abuse crisis issues and have the knowledge, skills and abilities for program implementation and evaluation.

A PREA Compliance Manager and a Backup PREA Compliance Manager is assigned at each IDOC facility. A review of the TAYLORVILLE CC organizational chart revealed the assigned PREA Compliance Manager is the Clinical Services Supervisor and the Health Services Administrator is assigned as the Backup PREA Compliance Manager.

During an interview with the PREA Compliance Manager, he confirmed he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PREA Compliance Managers have direct access to the Warden to report any and all PREA issues.

Standard 115.12: Contracting with other entities for the confinement of offenders

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its offenders with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of offenders.) ☒ Yes ☐ No ☐ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of offenders OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of State of Illinois Standard Contract for Confinement of Offenders, Section 1.3.1.0, page 11, contract facilities with IDOC are required to abide by all state and federal laws, specifically PREA as outlined in their contract. They are subject to IDOC policies and fall within the scope of the agency's investigations unit. All contracted facilities were in compliance with PREA and were audited by this auditor during this audit cycle.

During an interview with the IDOC Director, he confirmed the agency has not entered into any contracts for the confinement of offenders during the past 12 months. The two facilities within the IDOC that does maintain a contract for such are Crossroads (January 28, 2016) and North Lawndale (April 17, 2016). These two facilities are Adult Transitional Centers. Therefore, the agency and Taylorville CC meets the mandate of this standard.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse?
☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video

monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of the TAYLORVILLE CC Staffing Plan; AD 04.01, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assault-Prevention and Intervention; AD 01.02.103, Inspection Tours; AD 01.02.103 Duty Administrative Officers; the facility's organizational chart; Daily Rosters; Monthly Security Headcount Report; Staffing Level Review for PREA; Log Book Entries and interviews it was determined by the auditor that TAYLORVILLE CC meet the mandates of this standard.

The agency has policies and procedures to confirm TAYLORVILLE CC has developed, documented, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect offenders against sexual abuse and meets the mandates of this standard.

In calculating adequate staffing levels and determining the need for video monitoring, TAYLORVILLE CC has taken into consideration: 1) Generally accepted detention and correctional practices; 2) Any judicial findings of inadequacy; 3) Any findings of inadequacy from Federal investigative agencies; 4) Any findings of inadequacy from internal or external oversight bodies; 5) All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated); 6) The composition of the inmate population; 7) The number and placement of supervisory staff; 8) Institution programs occurring on a particular shift; 9) Any applicable State or local laws, regulations, or standards; 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 11) Any other relevant factors.

During an interview with the Warden, she confirmed the facility has a staffing plan that provide adequate staffing levels to protect offenders against sexual abuse by the use of staff supervision, placement of mirrors, and video surveillance that monitor inmate activities throughout the facility. During the on-site tour, the auditor noted areas in Dietary and Education that would benefit from additional mirrors to mitigate blind spots. During interviews with the Warden, Assistant Warden (P), and Investigative Staff, it was confirmed that although the facility currently have cameras for monitoring, the facility is in the developmental stages of adding additional cameras to ensure the further protection of offenders from sexual abuse. The department uses these cameras to increase supervision and to combat the blind spots within the physical nature of the facilities.

During an interview with the PREA Coordinator, he confirmed staffing assessments are reviewed on an agency level every two weeks. The review is in collaboration with the Chief of Staff, operation division and Chief Financial Officer. This information is strategically evaluated to ensure proper staffing levels are managed.

In accordance to IDOC AD 05.01.101, procedures are outlined for circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. Specifically, the Chief Administrative Officer shall approve all changes subsequently made to the master roster. If changes are made, entries shall be made on the back of the master roster noting the date, name of the staff and reason for every personnel change. A review of the Daily Rosters schedules revealed assignment posts are identified as Mandatory and Non-mandatory. All Mandatory posts are required to be filled each shift. This daily roster is reviewed by the Assistant Warden (P) daily for compliance with this element. There was no deviation from the Staffing Plan implemented during the past 12 months. During interviews with the Warden and Assistant Warden (P), they each confirmed overtime is authorized for the fulfillment of all vacant Mandatory post during each shift.

In accordance to IDOC AD 01.02.103 Inspections Tours by Administrative Staff and review of logs, it was determined by the auditor that TAYLORVILLE CC has policies and practices in place to maintain

compliance of PREA Standard 115.13 Supervision and monitoring. Intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. During interviews with supervisory staff, they confirmed the unannounced rounds are not completed in a pattern and are not consistently completed throughout the shift. A review of the unit/program log books revealed supervisory staff annotate the logs as conducting rounds during each of the three shifts during a variation of times. These unannounced rounds were observed being documented by supervisors of both intermediate-level and higher-level supervisors in all housing units. Majors and above supervisory staff sign the log books in red ink.

In accordance with a memorandum submitted by the Warden, any staff member alerting another staff member that these unannounced rounds are occurring will be subject to appropriate disciplinary action. The practice of conducting unannounced rounds and the violation of staff advising others of such rounds was confirmed during interviews with the Warden and intermediate level supervisory staff.

Standard 115.14: Youthful offenders

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful offenders in housing units that separate them from sight, sound, and physical contact with any adult offenders through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful offenders [offenders <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful offenders and adult offenders? (N/A if facility does not have youthful offenders [offenders <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful offenders and adult offenders have sight, sound, or physical contact? (N/A if facility does not have youthful offenders [offenders <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful offenders in isolation to comply with this provision? (N/A if facility does not have youthful offenders [offenders <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful offenders daily large-muscle exercise and legally required special education services, except in exigent

circumstances? (N/A if facility does not have youthful offenders [offenders <18 years old].) ☐
Yes ☐ No ☒ NA

- Do youthful offenders have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful offenders [offenders <18 years old].)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The TAYLORVILLE CC does not house youthful offenders. However policy and procedures are dictated within the agency that meets the mandate of this standard. Therefore, Taylorville CC meets the mandates of this standard.

Specifically, in accordance with the Illinois Unified Code of Corrections Section 5-8-6 Place of Confinement [730 ILCS 5/5-8-6] was amended by Public Act 99-628 with an effective date of January 1, 2017. Subsection (c) provides : © All offenders under 18 years of age when sentenced to imprisonment shall be committed to the Department of Juvenile Justice and the court in its order of commitment shall set a definite term. The provision of Section 3-3-3 shall be a part of such commitment as fully as though written in the order of commitment. The place of confinement for sentences imposed before the effective date of this amendatory Act of the 99th General Assembly are not affected or abated by this amendatory Act of the 99th General Assembly.

As of January 1, 2017, newly sentenced offenders 17 years old are to be admitted into the penitentiary system at an IDJJ facility and later subject to permanent transfer to IDOC pursuant to 730 ILCS 5/3-10-7(c) after becoming the age of 18. The IDOC Reception and Classification Center does not accept offenders under the age of 18. Committing counties shall be directed to contract IDJJ for instructions as to which IDJJ facility an offender under the age of 18 to transported to by the Sheriff

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female offenders in non-exigent circumstances? (N/A here for facilities with less than 50 offenders before August 20,2017.) ☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female offenders' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 offenders before August 20, 2017.) ☒ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female offenders?
☒ Yes ☐ No

115.15 (d)

- Does the facility implement a policy and practice that enables offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex offenders for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex offenders in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with IDOC AD 04.03.104, Evaluation of Offenders with Gender Identity Disorders; AD 05.07.101, Reception and Orientation – Adult Process; ID 04.03.104 Evaluations of Offenders with Gender Identification Disorder; DR 501, Searches for and Disposition of Contraband Acting Director's Memo, Limits to Cross-Gender Viewing and Title 20-Illinois Administrative Code, Chapter 1, 501, Subchapter, Searches for Contraband, interviews with random staff, and a tour of the facility, it was determined by the auditor that TAYLORVILLE CC meets the mandate of this standard.

The TAYLORVILLE CC is a male facility and does not house female offenders. The facility is prohibited from conducting cross-gender strip searches or cross gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners.

In accordance with a review of the Warden Bulletin 16-06 Prison Rape Elimination Act (PREA) Standard an update of this standard was forwarded to all staff and discussed during Roll Call. The notification which addressed the "Knock and Announce" procedures, cross-gender pat down searches, searches of transgender and intersex offenders, and proper guidance of conducting visual body cavity searches. Policy requires staff of the opposite gender to announce their presence when entering offenders' living unit or dorm. The female staff was observed making these announcements.

During interviews with staff, each confirmed they were aware of the agency's policy prohibiting them from physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's status. During a tour of the housing unit, there were ten (10) individual showers in a single shower area; however, only 5 shower heads are active and there is an unwritten rule that only one offender will shower at a time. There are five housing units with an A/B wing and a shower area in each wing. There is a half door at the entry to the shower area. Although the transgender offenders are awarded the opportunity of privacy when taking showers due to the shower doors, they are also awarded an opportunity to shower in the medical unit for increased privacy.

During Offender interviews, they confirmed that female staff announce before entering the housing unit and female staff assigned to the unit, will place a sign in window that alerts that a female staff is on duty. The wing officer roves between the A and B side and the Control Sgt. remains at the desk between the units.

During Staff interviews they confirmed those conducting cross-gender pat down searches or searches of transgender and intersex offenders, must be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Staff are prohibited from conducting "dual gender" pat searches, where the staff of one gender searches the top half of the inmate and the staff of the other gender searches the bottom half of the inmate.

All searches conducted under exigent circumstances are to be documented on a 434 Incident Report. There were no cross-gender strip searches and/or cross-gender visual body cavity searches conducted at TAYLORVILLE CC.

Standard 115.16: Offenders with disabilities and offenders who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with offenders who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities including offenders who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities including offenders who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities including offenders who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to offenders who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of IDOC policies and procedures AD 04.01.111, ADA Accommodations; AD 04.01.105, Facility Orientation; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; Orientation Manual; AD 05.07.101, Reception and Orientation; DR 475 ADA Grievance Procedure and the Offender Handbook; observation of PREA posters and Hotline Number Posting, it was confirmed by the auditor that TAYLORVILLE CC meets the mandate of this standard.

Specifically, it was determined the agency and TAYLORVILLE CC take appropriate steps to ensure offenders with disabilities (including offenders who are deaf or hard of hearing, those who are limited English proficient and low level functioning, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Specifically, a telephonic translation service is available through PROPIO Language Services. The auditor conducted an interview with two offenders identified as vision impaired. The interview was conducted with services by the Center for Sight and Hearing. One offender with limited English proficient was interviewed by the auditor using the Language Line. He was aware of how to report allegations of sexual abuse and/or sexual harassment if needed. Additionally, during an interview with the Director, and Warden, each confirmed AD 04.01.111 ADA Accommodations and PROPIO Language Service Contract are provided to the inmate population. All orientation/educational materials are available in Spanish and English. In addition, orientation is available via video with the use of American Sign Language and Spanish. The auditor reviewed 62 random selection of documentation

that confirmed offenders' receipt of PREA training material with their signatures. Offenders requiring the use of wheelchairs were housed in lower bunks of the housing units and cells with wheelchair accessibility. The auditor observed a TTY telephone that is available upon request for offenders and it provides video calls as well.

During interviews with the selection of random staff, each was aware of the policies that, under no circumstances, are inmate interpreters or assistants to be used when dealing with PREA issues. In addition, an interview with the PREA Compliance Manager revealed that the Facility ADA Coordinator consults with the facility's operational and administrative staff as necessary, to ensure that ADA disability accommodations are feasible. The Agency ADA Coordinator also joined us on the tour. Offenders may submit a DOC 0286 (Offender Request) for ADA disability accommodations. Offenders who are unable or need assistance for completing the DOC 0286 may request staff assistance. The ADA Coordinator reviews each case separately and ensures that offenders at TAYLORVILLE CC are provided with information regarding ADA disability accommodations. Offenders have access to auxiliary aids such as visual aids, written materials, closed caption TV, assistive listening systems if needed and teletypewriter equipment to assist with conversions of spoken conversation to text or text to audible conversations. If required, offenders may be scheduled for an individualized assessment with licensed specialist for recommendations of auxiliary aids and services that may assist in providing effective communications.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with offenders who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with offenders who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with offenders who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with offenders who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with offenders who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with offenders who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with offenders, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with offenders, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with offenders? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with offenders or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with offenders directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with offenders directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 03.02.106, Administrative Directive, Filling Vacancies, issued effective January 1, 2016, PREA Pre-Employment Self Report (DOC 0450) and AD 01.03.107, Background Investigations, and interviews with the Human Resource Manager (HRM), Warden, and PREA Compliance Manager, it was determined by the auditor that TAYLORVILLE CC meets the mandate of this standard.

The specific hiring policies prohibit hiring or promoting anyone or enlisting the services of any contractor: (1) that engaged in sexual abuse in any prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) anyone who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. Anyone found with any of these conditions is prohibited entrance into all Illinois facilities.

AD 01.02.107 indicates backgrounds investigations shall be completed on person prior to employment or prior to placement in a safety sensitive position and on person who provide services for the Department. Additionally, background investigations may be conducted periodically to review the background of individuals as identified. Complete background investigations shall include: (a) LEADS; (b) Fingerprint Cards; (c) Secretary of State Drivers' License; (d) Firearms Owner's Identification; (e) Employment reference checks; (f) Offender 360 (0360); (g) Youth 360 (Y360); (h) Volunteer Tracking System; (i) Visitor Tracking System (VTS); (j) Military check, if applicable; (k) The use of any other name or social security number.

The auditor reviewed 24 employee files that contained the appropriate documentation for new hires, and promotions. Taylorville CC did not have any new hires in the past 12 months. These files were noted as being in compliance with the standard. During an interview with the HRM, she confirmed applicants receive applications via the internet and the background investigations are conducted by the Background Investigation Unit in Springfield, IL. She also confirmed all new hires, staff transfers, and current employees who are selected for promotion are required to complete a DOC 0450 which remains on file. Confirmation of the agency's consideration of any incident of sexual abuse or sexual harassment in determining whether to hire an individual for contract services or whether to promote an employee was obtained through review of the DOC 0450. Additionally, the HRM verified the requirement of staff's obligation to report all on and off duty misconduct to include those related to the PREA standards and staff omission of such conduct or those providing false information will be grounds for termination.

The auditor also interviewed the supervisor of the Agency Background Investigation Unit and he confirmed that background checks for all new hires, contractors and volunteers were performed by his unit and the facility is notified if they are ok to offer a letter of employment. He stated the background investigation included a review of the criminal history, employment history, any terminations or resignations, military discipline checks if applicable, and an employee reference check is forwarded to all listed prior employers. The Offender 360 program is also reviewed to identify if an applicant has been listed on an offender's visiting list or phone list. An applicant's fingerprints are collected after the background investigation returns with a negative finding. He added that his department is a fact finding arm only and any negative information is forwarded to the Director for further review. If staff are arrested anywhere within the United States, the Department will receive a notification. He stated that they use an employee's Arrest Tracking system which provides notification of any arrest instead of running a background check every 5 years.

A review of 24 employee PREA self-report forms indicates that all staff who may have contact with inmates directly about previous sexual abuse and sexual harassment misconduct as well as it notes the following: Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for ineligibility or termination from employment.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect offenders from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect offenders from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During an interview with the Warden she confirmed there has not been a substantial expansion or modification to TAYLORVILLE CC since the last PREA audit. Therefore, it is determined that Taylorville meets the mandates of this standard.

The Warden indicated that the facility has a camera plan to add 170 additional cameras to their existing video monitoring capabilities to enhance security, safety for offenders and staff, offender accountability,

and the prevention and detection of sexual abuse and/or sexual harassment. There were no violations of privacy noted during the viewing of showers, toilets, change of clothing or performing bodily functions.

During an interview with the Director of IDOC, he confirmed, the Illinois Department of Corrections manages all facilities with care, custody, and safety in mind. The department takes great care in assuring the security for those in custody, the employees of the department and the general public served by the department. If at any time in the department, there is a facility under a physical change and/or the department may be opening new space for those under its custody. The department considers the ability to protect the offenders from sexual abuse as a main directing factor when accomplishing any change in physical structure or acquiring any new space. The department uses a multi-faceted strategy to attain a zero tolerance environment for those that are under the department's custody. He further stated, the department uses these cameras to increase supervision and to combat the blind spots within the physical nature of the facilities. The Director added, the Department has placed 234 DVR's, 2,574 (of which 75 DVRs and 1000 cameras were purchased with grant funds targeting PREA) new cameras and adjusted the usage of other cameras within the facilities to ensure the proper protection of inmates from sexual abuse. The Operations Division continues to work with facilities in prioritizing any additional areas that need to be under surveillance. The department continues to seek and secure funds to procure additional monitoring technology.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through

(e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents; ID 04.01.301, Offender sexual Assaults-Preventions and Intervention; and Illinois State Police/Illinois Department of Corrections it is determined that Taylorville CC meets the mandates of this standard.

Policies and procedures require all investigations conducted within the TAYLORVILLE CC facility adhere to investigative and evidence protocols based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similarly comprehensive and authoritative protocols developed after 2011. Administrative investigations are conducted by full time trained investigative staff at the facility.

AD.01.301 indicates offenders shall not be charged a co-payment for medical treatment, including a forensic medical examination, obtained for alleged sexual abuse. Treatment shall be provided by a certified Sexual Assault Forensic Examiner (SAFE) or a certified Sexual Assault Nurse Examiner (SANE) at a local emergency room as determine by the local facility.

When required, written policy indicates the facility investigators refer sexual abuse investigations to the Illinois State Police, who will follow the requirements of this standard. The IDOC facilities will conduct investigations of inmate-on-staff and inmate-on-inmate sexual assaults and the Illinois State Police will conduct investigations involving staff-on-staff and staff-on-inmate sexual assaults. A review of the investigators' training documentation supported receipt of the required training.

Forensic examinations for TAYLORVILLE CC victims of sexual assault, are provided by St. John's Hospital in Springfield, IL. During an interview with the Nurse Manager at St. John's, she stated the hospital employs a SANE Nurse that will report to the hospital as needed as they are not on duty 24/7. The victim of sexual abuse is required to be seen by the SANE Nurse within 90 minutes upon their arrival at the hospital. She explained the SANE Nurse explains the forensic examination process to the victim. She added a victim advocate from the Prairie Center Against Sexual Assault usually arrives, but there are times when the communication between the victim and victim advocate is conducted via phone as the victim may elect to not have in-person interaction. An interview was conducted with a victim advocate/medical advocate representative at the Prairie Center Against Sexual Assault. She indicated upon a victim of sexual abuse reporting to the outside hospital, medical staff contact the on-call victim advocate who is required to report to the hospital within 1 hour of being notified. She continued in stating, upon the Center being notified the process is explained via phone and the information exchanged is 100% confidential to the point that a State and/or Federal Judge in the legal system cannot order the release of information provided by the victim unless or until the victim gives authorization through a signed release form. Services are available to all victims for emotional support to include during court hearings. The Hotline is available to the victim 24/7 as a means for ongoing support.

During an interview with the SANE Practitioner at St. John's, she stated the hospital maintain an on-call roster for instances in where the qualified staff member is not on duty during the need. However, TAYLORVILLE CC policy allows for a qualified medical practitioner to perform the forensic medical examination if needed. There were no forensic examinations during the past 12 months.

The IDOC successfully obtained an agreement with John Howard Association to act as a 3rd Party reporting site for PREA allegations. There were no allegations reported for Taylorville CC during the last 12 months. An interview with an employee for John Howard Association stated that the last allegation from Taylorville CC was in February, 2020. The IDOC has a MOU with Prairie Center for Sexual Assault to provide counseling and information for sexual assault/abuse to serve as a victim advocate for Taylorville CC. Qualified Mental Health Professionals are available to provide victim advocacy services to offenders at the facility. Informational pamphlets are provided to the offender population identifying the available services.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 01.12.120, Investigations of Unusual Incidents; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and the PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (internal and external); Employee Criminal Conduct; DR 112 and the Illinois State Police/Illinois Department of Corrections Memorandum of Understanding, it is determined by the auditor that TAYLORVILLE CC meets the mandate of this standard.

The responsibilities of both entities are clearly stated in the Memorandum of Understanding with the Illinois State Police, Specifically, the facilities will conduct investigations involving inmate-on-inmate and inmate-on-staff sexual assault unless these are actions are determined to be criminal. The Illinois State Police will conduct staff-on-staff, and staff-on-inmate sexual abuse when these actions are considered to be criminal. Administrative investigations are completed on all allegations of sexual abuse/sexual harassment by the facility investigators. Criminal investigations are conducted when there is substantial evidence to support that a criminal act has taken place and referred to the Internal Security Investigator. At the completion of the criminal investigation, the case is then referred to the State Attorney's Office for possible prosecution.

During interviews with the facility investigative staff and a review of their training records, it was confirmed each successfully completed appropriate training to conduct sexual abuse investigations in a confined setting/prison. In accordance with AD 04.01.301 reported allegations of sexual abuse and/or sexual harassment require a prompt investigation, disciplinary action and a referral for prosecution, where appropriate.

The Department website:

<https://www2.illinois.gov/idoc/programs/Pages/PrisonRapeEliminationActof2003.aspx> provide guidance to the public on how to report institutional sexual abuse and or staff sexual misconduct. The public is informed that IDOC investigates all allegations of offender-on-offender sexual abuse and staff sexual misconduct. Investigations are initiated by the Investigation Unit at IDOC Headquarters. Please understand without detailed information it is difficult to investigate a sexual abuse or sexual harassment situation. Reports may be made by calling (217) 558-4013 Calls to this number at IDOC Headquarters

are recorded. Messages are checked periodically Monday through Friday during business hours by staff of the Investigations Unit.

During an interview with the Director, Warden and Commander of the External Investigative Unit, and facility investigative staff each confirmed the IDOC utilizes the required standard of the preponderance of evidence in determining the outcome of such investigations. Additionally, if needed the department has the ability to contact the Illinois State Police to assist in such investigations.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with offenders on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with offenders on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with offenders on offenders' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with offenders on the right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with offenders on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with offenders on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with offenders on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with offenders on how to avoid inappropriate relationships with offenders? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with offenders on how to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with offenders on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the offenders at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with offenders received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

In accordance with a review of AD 03.03.102, Employee Training; AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program; AD 05.01.113 Search of Offenders; PREA Cadet/PSOT Training; Annual Staff Cycle Training; A Guide for the Prevention and Reporting of

Sexual Abuse; and PREA postings, is determined by the auditor that TAYLORVILLE CC meets the mandate of this standard.

PREA training is included during staff initial training at the Training Academy. Additionally, all staff are required to receive PREA training during the Annual Cycle Training. Various topics of PREA training is provided to security staff during Roll Call. Confirmation of staff's receipt and acknowledgment of PREA training was confirmed during a review of training documentation for 12 non-security staff and 63 security staff, staff interviews and other related documentation that was provided to the auditor. Subject matter includes: (1) The Agency wide zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) An offender's right to be free from sexual abuse and sexual harassment; (4) Staff and offender's right to be free from retaliation for reporting sexual abuse and sexual harassment; (5) recognizing the dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with offenders; (9) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Random staff interviews conducted during the site visit included both security and non-security staff. All confirmed their training included the above listed subject matter and each detailed how they would respond to any allegations if confronted with that specific situation. All staff at TAYLORVILLE CC are trained as a first responder. The random staff interviewed detailed their response to abuse by informing the auditor they would first separate the alleged victim, secure the area, contact their supervisor and preserve evidence from destruction. During the interview process with non-security first responders, each confirmed that they would immediately secure the alleged victim and then contact security staff. Staff are issued a first responder card which is carried in their badge holder. Most staff were able to answer interview questions without referring to the card. Additionally, Roll Call is used as a means for on-going training in regards to PREA. Periodically, a training bulletin on PREA is read at roll call for at least 10 days.

TAYLORVILLE CC is designated as an adult male correctional facility. During an interview with the HRM, she stated no staff has transferred from a female facility to TAYLORVILLE CC. AD.05.01.113 Search of Offenders is tailored to both male and female. Guidance of conducting searches are both outlined within the policy. Therefore, training offered to staff is tailored to both male and female offenders.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with offenders been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with offenders)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; IDOC Volunteer/Contractor (A Guide for the Prevention and Reporting of Sexual Abuse with Offenders); Volunteer Service Orientation Checklist and Wexford Health Sources Incorporated PREA Training it is determined that Taylorville CC meets the mandate of this standard.

Taylorville CC has 144 volunteers and 59 contract workers are employed at TAYLORVILLE CC. A sample review of PREA training documentation for contractors and volunteers support PREA training

was completed and documented. A review of the training curriculum supports volunteers and contractors who have contact with offenders have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The auditors reviewed the training curriculum and training records for a sampling of 12 contractors and 30 volunteers. The documentation indicated their receipt and understanding of the zero tolerance policy.

During an interview with the Health Care Unit Administrator, she shared with the auditor, binders of annual PREA training completed by staff within her department. Contractors are also required to complete mandatory PREA training annually that is conducted by TAYLORVILLE CC. During an interview with the Chaplain, she provided documentation of training for a sample of volunteers. Three contractors (mental health, health care, and vocational instructor) were interviewed during the site visit and each confirmed receipt of PREA and was aware of the agency's zero-tolerance policy.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do offenders receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do offenders receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to offenders either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to offenders either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to offenders either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all offenders received such education? ☒ Yes ☐ No

- Do offenders receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all offenders including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all offenders including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all offenders including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all offenders including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all offenders including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?
☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to offenders through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

AD 05.07.101, Reception and Orientation-Adult Process; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; IDOC PREA Fliers; IDOC 0291, Offender Orientation Training; PREA Posters (English and Spanish); Offender handbook; Offender Orientation Insert demonstrate that Taylorville CC meet the mandates of this standard.

There are PREA posters throughout the facility and in each housing unit, a PREA “Report Line” telephone number which may be called to report sexual abuse or sexual harassment, is posted on the bulletin boards and beside each inmate telephone in all housing units.

The Illinois Department of Corrections’ mailing address is also posted in each housing unit for offenders to write concerning any sexual abuse or sexual harassment allegation. The mailing address for the John Howard Association is in the offender handbook and posted on the housing unit bulletin boards. A language line is available for Limited English Proficient offenders.

This auditor reviewed a random sampling of 62 offender A&O Checklists to verify those offenders admitted during the auditing period received Sexual Assault/Assault Prevention & Intervention education and relevant written materials. Offenders were interviewed to include a sampling of random as well as targeted groups with positive results of their program knowledge and awareness.

Upon an inmate’s arrival at TAYLORVILLE CC an informational PREA pamphlet is provided to the offenders in the In-take area. These pamphlets provide information of the facility’s zero tolerance policy for sexual abuse and sexual harassment. They advise the inmate on how and to whom to report sexual abuse or sexual harassment allegations if they become aware of it or experience it. Offenders receive and sign for a copy of the TAYLORVILLE CC Offender Orientation Manuel during orientation. This manual provides each inmate with information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. The PREA education material is available in English and Spanish and states the agency’s policy on zero tolerance, explaining to the inmate, how and who to report any allegation of sexual abuse/ harassment to without fear of retaliation. It also directs them how to report incidents or suspicions of sexual abuse or sexual harassment verbally, anonymously or in writing.

Offenders were interviewed to include a sampling of random, targeted group of offenders and those selected for informal interviews confirmed their receipt, knowledge and awareness of PREA. One offender interviewed as a Random Interview stated that he did not understand English and didn’t receive the orientation manual in Spanish. The auditor stopped the interview and had the offender scheduled for a re-interview with an interpreter and also the facility conducted a new orientation with him in Spanish the following day. Documentation of offenders’ PREA training was made available to the auditor. This information is maintained in the offender’ files in the Offender-360 Records System. The Orientation Manuel also advises the inmate population that if the offender does not feel comfortable reporting to the

facility, they may write IDOC or the John Howard Association with Attention: PREA. The PREA Report Line 1-(217) 558-4013 is stenciled on the walls by the offenders' telephone for easy access.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 01.12.115, Institutional Investigative Assignments; documentation of investigator's training records and interviews with facilities investigators', it was determined by the auditor that TAYLORVILLE CC meets the mandate of this standard.

The facility investigators are required to complete a 40 hour training program given by the Illinois Department of Corrections Academy. Additionally, evidence of their completion of the PREA course offered by the National Institution of Corrections, "Investigating Sexual Abuse in a Confinement Setting" was also provided. Administrative investigations are completed by the institutional investigators. When required, these investigators refer sexual abuse investigations to the Illinois State Police for investigation who also follow the requirements of this standard.

The auditor reviewed the facility investigator's certificates of training and received a computer-generated copy of internal and external investigator training for conducting sexual abuse investigations in a confinement setting as required in this standard.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 04.01.301.PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, page 24, Specialized Training; Medical and Mental Health Care Training documentation; IDOC PREA In-Service Logs; “What Health Care and Mental Health Providers Need to Know Quiz; it was determined by the auditor that TAYLORVILLE CC meets the mandate of this standard.

The Health Care and Mental Health Providers are contracted through the Wexford Health Services Incorporated, with the exception of the Administrators who are State Employees. All Health Care and Mental Health Providers are required to receive specialized training through the Illinois Department of Corrections.

During an interview with the Health Care Administrator, she provided the auditor with documented confirmation of Sexual Assault Evidence Collection Kit and Annual PREA Training. Mental Health Providers documentation of training was also provided. TAYLORVILLE CC has an agreement with St. John’s Hospital to conduct forensic medical examinations. SANE/SAFE Practitioners are on duty 24/7 or on call and may report within one hour. These services were confirmed during a phone interview with the hospital Nurse Manager for SAFE/SANE.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all offenders assessed during an intake screening for their risk of being sexually abused by other offenders or sexually abusive toward other offenders? ☒ Yes ☐ No
- Are all offenders assessed upon transfer to another facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing offenders for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing offenders for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing offenders for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?
☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?
☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?
☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
☒ Yes ☐ No

115.41 (h)

- Is it the case that offenders are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other offenders? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program Requirements; AD 05.07.101, Reception and Orientation – Adult Process Requirements; ID 04.01.301, Offender Sexual Assaults- Prevention and Intervention; DOC 0372, Mental Health Screening form; and DOC 0379, Evaluation of Suicide Potential Form; DOC 0494, Screening for Potential Sexual Victimization or Sexual Abuse, and interviews with staff and offenders, it was determined by the auditor that TAYLORVILLE CC meets the mandate of this standard.

An initial intake screening of all newly arriving IDOC offenders is conducted at the agency's Reception and Classification Center and again upon the inmate's arrival at their designated IDOC facility as noted in IDOC policies and procedures. A review of a random selection of 61 offender's orientation records from the Offender-360 system, and interviews with staff and offenders confirmed the offender population was assessed during intake screening upon their arrival for their risk of being sexually abused by other offenders and/or for being sexually abusive toward other offenders through utilization of a PREA screening tool, DOC 0494. The DOC 0494 includes the following vulnerability risk factors of: age, height, weight, number of incarcerations, criminal history exclusively non-violent, developmental disability, diagnosed mental illness, physical disability, perceived sexual orientation; physical presentation, history of sexual victimization; language and proficiency; detainment status, education level and socio-economic status when determining an inmate's risk of vulnerability. The predatory risk factors considerations include: history of institutional sexual abusive behavior; criminal history of sexual abusive behavior in the community; criminal history of domestic violence or violence toward other in the community; current security threat group affiliation and history of assaultive or violent behavior while incarcerated.

Offenders are ordinarily screened at TAYLORVILLE CC by Mental Health staff during the in-take process and the follow-up risk screening is conducted by the Correctional Assessment Specialist upon notification by the Case Worker Supervisor within 30 days. The review confirmed the 30-day reassessments were completed not later than 30 days of the offender's arrival.

TAYLORVILLE CC has implemented appropriate controls on the dissemination within the facility that limits the accessibility of the screening information to designated staff on a need to know basis and to ensure sensitive information is not exploited to the inmate's detriment that includes investigative, medical and mental health information. The offenders' files are securely stored within the Offender-360 system and controlled by assigned staff.

The agency policy does not allow discipline actions for offenders who refuse to respond to the questions during either of the screening processes conducted by staff.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female offenders, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns offenders to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No

- When making housing or other program assignments for transgender or intersex offenders, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex offenders given the opportunity to shower separately from other offenders? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex offenders, does the agency always refrain from placing: lesbian, gay, and bisexual offenders in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex offenders, does the agency always refrain from placing: transgender offenders in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex offenders, does the agency always refrain from placing: intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program; AD 04.03.104, Evaluations of Offenders with Gender Identity Disorder; DOC 0494; interviews with Placement Staff, In-take Staff, transgender offenders, and Warden, it was determined by this auditor that TAYLORVILLE CC meets the mandate of this standard.

Offenders reporting to TAYLORVILLE CC are assigned to a housing unit #5 for orientation and a Correctional Counselor 1 review the orientation manual and go over the PREA information. This counselor then does the PREA Screening form in Offender 360 and ask about any prior victimizations or risk for victimization. If they answer yes, then they are referred to mental health for follow-up. The 30 day re-assessment is completed when they go to their regular housing unit. Placement staff is designated to assign cell and bed assignment to all incoming offenders at this time. However, needed changes are referred by the in-take staff during in-take screening. During an interview with Placement Staff, she confirmed staff carefully review the pre-arrival documentation of each inmate prior to their arrival and ensure those offenders identified at high risk of being sexually victimized are housed separately from those at high risk of being sexually abusive.

The DOC 0494, Screening for Potential Sexual Victimization for Sexual Abuse, includes at a minimum, the criteria to assess offenders for risk of sexual victimization and the criteria to assess the inmate's risk of being sexually abusive. Utilization of this instrument is conducted by in-take staff to determine proper housing, bed assignment, work assignment, education and other program assignment with the goal of protecting potential victims of sexual abuse/sexual harassment from those who are at risk of being potential sexually abusive offenders. The determination of inmate housing is made on a case-by-case basis and at no time are offenders placed in designated housing based solely on their sexual identification or status.

The auditor interviewed 2 transgender offenders as well as one gay offender. They reported that they were not housed in a designated wing and interacted with other offenders.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing offenders at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- Does the facility assign offenders at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, Protective Custody; Title 20 Illinois Administrative Code; interviews with the Warden and Segregation Supervisor, it was determined by the auditor that TAYLORVILLE CC meets the mandate of this standard.

The TAYLORVILLE CC has a total of 8 administrative disciplinary cells. However, there were no offenders placed in involuntary housing during the past 12 months because of being a high risk of sexual victimization. However, offenders in segregated housing are allowed to participate in ongoing education program (HISSET), and have access to programs, privileges, and work opportunities to the extent possible while maintaining security within the unit. All offenders placed in segregation are reassessed every 30 days after placement.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for offenders to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for offenders to privately report: Retaliation by other offenders or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for offenders to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for offenders to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are offenders detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of offenders? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assault-Prevention; PREA Posters; TAYLORVILLE CC Offender Orientation Manual; MOU Between IDOC and John Howard Association; DOC 0286, Offender Request Form; DOC 0387, Mental Health Services Referral, MOU with Prairie Center for Sexual Assault and PREA Hotline, it was determined by the auditor that TAYLORVILLE CC meets the mandate of this standard.

A review of documentation and interviews with staff and offenders confirmed the agency has multiple ways for offenders to report sexual abuse and/or sexual harassment to include verbally, in writing, privately, via third-party reporting and anonymously.

Upon the offenders' arrival at TAYLORVILLE CC, he receives a copy of the TAYLORVILLE CC Offender Orientation Manual. This manual provides each inmate with information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. It also directs them how to report incidents or suspicions of sexual abuse or sexual harassment verbally, anonymously or in writing. In this document it also indicates that should the inmate not feel comfortable reporting to the facility, they may write IDOC with Attention: PREA while providing the address. The PREA Report Line 1-(217) 558-4013 is stenciled on the walls next to the inmate's telephone for easy access. Offenders may also write to the John Howard Association which acts as a 3rd Party notification. Offenders and staff were also familiar with the John Howard Association that serves as a private entity for the offenders and is not associated or connected to the IDOC. The agency allows mail addressed to John Howard Association to be placed in a sealed envelope and labeled "Privileged." This mail is not to be read by staff at the correctional facility. Offenders are not detained solely for the civil immigration purposes at TAYLORVILLE CC.

Copies of established IDOC MOUs with both the John Howard Association and Prairie Center Sexual Assault was provided for review and supports the provision of the standard. Phone interviews were conducted with both agencies that confirmed offenders can report to a public or private entity or office that is not part of the IDOC agency. Both are able to receive PREA reports and will forward reports relating to sexual abuse and sexual harassment to IDOC PREA officials. However, the offender may request to remain anonymous.

According to interviews with the Investigative Staff, 1 case was initiated by the PREA Hotline; 1 case was initiated through a 3rd Party report (not John Howard); and 11 allegations were initiated by Offender Request Forms. Interviews with 12 random staff indicated that each would immediately report any knowledge and suspicion of sexual abuse and sexual harassment. The most common method staff identified that the offender could report was the PREA Hotline, and verbally and in writing to staff.

They were aware that offenders could utilize 3rd Party reporting and through the facility grievance procedures and anonymously.

In an interview with an employee of the John Howard Association, she stated that they have not received a report of an allegation from Taylorville CC during this audit cycle.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No ☐ NA

115.52 (b)

- Does the agency permit offenders to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by offenders in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of offenders? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with Title 20 Illinois Administrative Code, AD 01.01.114, Local Offender Grievance Procedure and DOC 0046, Offender Grievance Form (English and Spanish); AD 04.01.301, Sexual Abuse and Harassment Prevention Program, it was determined by the auditor that TAYLORVILLE CC meets the mandate of this standard.

Offenders are allowed to submit a grievance regarding an allegation of sexual abuse without any time limits. Offenders are not required to use any informal grievance process or to otherwise attempt to resolve with staff an alleged incident of sexual abuse. An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and the complaint is not referred to a staff member who is the subject of the complaint. Policy require the agency to provide an initial response within 48 hours and a final decision within 5 calendar days relative to emergency grievances alleging an inmate is subject to a substantial risk of imminent sexual abuse. The

initial response and final decision would document the Department's determination whether the offender is subject to a substantial risk of imminent sexual abuse. Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, may assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse. These third party advocates may also file such requests on behalf of the inmate. If the inmate declines to have the request processed on his behalf, TAYLORVILLE CC will document the inmate's decision.

The agency's PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, identify that the agency may discipline an inmate for filing a grievance related to an alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith. In an interview with the facility investigator, there were no grievances filed in the past 12 months in relation to allegations of sexual abuse/sexual harassment.

Based on random interviews with offenders, it is determined that offenders are aware of their ability to file a grievance to report an allegation of sexual abuse or sexual harassment. Most of the offenders interviewed stated that they would prefer to report to Staff. The grievance process is documented in the TAYLORVILLE CC Offender Orientation Manual.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide offenders with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with ID 04.01.301 Offender Sexual Assaults-Prevention and Invention (Attachment B); TAYLORVILLE CC Offender Orientation Manual (English and Spanish); an MOU with an outside support group Prairie Center for Sexual Assault; MOU with the John Howard Association who acts as an anonymous reporting conduit between the offenders and IDOC, it is determined that TAYLORVILLE CC meets the mandate of this standard.

Specifically, the Prairie Center for Sexual Assault/Abuse serves as a Community Victim Advocate group to provide victim advocates for emotional support services related to sexual abuse. The facility enables reasonable communication between the offenders and these organizations in as confidential manner as possible. The purpose and scope of the MOU between IDOC and the Prairie Center Against Sexual Assault was also established to make available to the offender population access to an outside entity to provide emotional support services related to sexual abuse, including crisis intervention and sexual assault counseling. The sexual assault crisis intervention is a 24-hour service that provides an immediate, supportive response to the needs of inmates who have experienced sexual abuse in order to assist them in returning to their previous level of functions. Crisis intervention may be in-person or by telephone via an unmonitored unrecorded call. The services are provided by a staff member or volunteer

from an Illinois Coalition Against Sexual Assault (ICASA) that is a certified rape crisis center. It is understood face-to-face emotional support provided in as confidential a manner a possible or emotional support through confidential unmonitored telephone interaction is preferred.

Although the PREA Hotline number is stenciled on walls in the offenders' housing unit, offenders are advised that the calls are monitored. Guidance outlining the appropriate steps on how to report, who to report to, addresses on where to submit written allegations, and the PREA Hotline number is noted in the Offender Orientation Manual.

In an interview with an employee of the John Howard Association, she indicated that they serve as a 3rd Party reporting center and that offenders may remain anonymous upon request.

During interviews with the offender population, they were aware of the John Howard Association as a means to report, and were aware that outside resources for support were available. There are no offenders housed at TAYLORVILLE CC who are detained solely for civil immigration.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with available methods of services provided by TAYLORVILLE CC to include: PREA Handout Pamphlets; MOU with the John Howard Association of Illinois <http://www.thejha.org/>; PREA Hotline number posted in the housing units; PREA Posters in the visiting area; and in the Offender Handbook; and information on the DOC

Website: <https://www.illinois.gov/idoc/programs/Pages/PrisonRapeEliminationActof2003.aspx>. it is determined that TAYLORVILLE CC meets the mandates of this standard.

Additionally, the following information is documented on all Taylorville CC entry registration sign-in logs for official visitor, offender visitors, volunteers and contract staff prior to entering: The Taylorville Correctional Center has **ZERO TOLERANCE** for all forms of sexual conduct between offenders and staff, volunteers, contractors, or other offenders. The Department is committed to everyone's safety and will investigate EVERY allegation. Sexual abuse and sexual misconduct can be reported to the **PREA report line (217) 558-4013**.

Third party reporting methods are also documented in the Taylorville CC Orientation Manual, PREA Pamphlets, and PREA posters in both English and Spanish. During interviews with staff and offenders, each was knowledgeable of third party reporting opportunities. During an interview with an employee of the John Howard Association, she stated that the John Howard Association serves as the 3rd Party reporting site for all IDOC facilities.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against offenders or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities

that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?

☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 03.02.108, Standards of Conduct; AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program; and Title 20 Illinois Administrative Code, Rules of Conduct it is determined by the auditor that TAYLORVILLE CC meets the mandate of this standard.

During interviews with random staff and two contract workers, each were knowledgeable of their responsibility to immediately report all allegations of sexual abuse and/or sexual harassment, and acts of retaliation in regard to PREA standards to their supervisor, higher ranking staff, or Internal Affairs. Each also stated they would document in writing any knowledge, suspicion or information regarding such actions prior to the end of their shift. Staff are given a 1st Responder refresher card with the steps to take in the event they receive a report of an allegation. Medical and Mental Health staff were aware of their mandatory duty to report.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program; and ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and staff interviews, it was determined that TAYLORVILLE CC meets the mandate of this standard.

All staff interviewed were knowledgeable of their responsibility and duties upon becoming aware of an inmate being at imminent risk of being sexually abused or sexually harassed. All staff reported they

would immediately remove the inmate from the area of threat and provide further measures of protection while notifying their supervisor. Their actions included separating the potential victim from the potential predator, securing the scene in order to protect possible evidence, not allowing the inmate(s) to destroy possible evidence by showering, brushing teeth, use of the restroom, change clothes, etc. and they would contact their supervisor who would contact medical and mental health. There were no occasions within the past 12 months of the audit process in which staff was advised of the sexual abuse allegation within the 72 hour time frame to collect physical evidence.

During an interview with the Director, he confirmed all allegations and threats of imminent sexual abuse are taken seriously and IDOC extends all measures to the inmate to include movement within the facility and/or transfer. All such risk would be fully investigated and the inmate at risk would have access to medical and mental health care.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with 04.01.301, Offender Sexual Assaults-Prevention and Intervention; AD 04.1.301, Sexual Abuse and Harassment Prevention and Intervention Program; interviews with the Warden, and Internal Affairs Investigator; it was determined that TAYLORVILLE CC meets the mandate of this standard.

Policy requires reports of sexual abuse or harassment occurring while an offender was housed at a different facility shall be reported to the Chief Administrative Officer (Warden) of the facility where the incident occurred as soon as possible, but not later than 72 hours after the initial report was received. Reports of sexual abuse or harassment occurring while an offender was housed within a different jurisdiction, such as a municipal lockup county jail, or correctional center in another state, shall be documented on a DOC 04344 and reported by the Chief Administrative Officer of the facility that received the allegation to the Chief Administrative Officer of the agency where the alleged abuse occurred within 72 hours.

In the past 12 months, the facility received 0 allegations from other facilities of alleged previous incidents involving sexual abuse/sexual harassment allegations while at TAYLORVILLE CC.

The facility received 1 report of an offender who reported to TAYLORVILLE CC in the past 12 months who reported allegations of sexual abuse/sexual harassment occurring at other correctional facilities upon their arrival at TAYLORVILLE CC. The Warden indicated that she responded immediately by email to notify the other facility Warden. The auditor verified this email contact. The incident was investigated by the facility investigative staff. It was unfounded.

The Director of IDOC confirmed when a facility within the Department is notified by another agency of an allegation within an IDOC facility, the PREA Compliance Manager of that respective facility is notified and the PREA procedures and protocols are implemented. If an offender provides an allegation to IDOC regarding another jurisdiction, the CAO of the IDOC facility receiving the allegation reports such complaint to the CAO of the jurisdiction in which the report was alleged to have occurred. He also acknowledged that cross jurisdictional reports regularly occur.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and staff interviews, it was determined by the auditor that TAYLORVILLE CC meets the mandate of the standard.

Policy addresses staff responsibility and appropriately responding as a first responder to reports of alleged sexual abuse. Additionally, during interviews with security and non-security staff, each staff were knowledgeable of their responder duties and responsibilities upon becoming aware of an allegation of sexual abuse and/or sexual harassment.

Security staff reported they would immediately notify their supervisor and non-security staff stated they would immediately notify a ranking security staff member. All staff indicated they would ensure separation of the offenders, secure the area identified and advise the offender to not destroy any evidence such as not brushing teeth, showering, using toilet, and changing clothes. They continued in stating they would provide documentation of the report before the end of their shift. They indicated that the offender would be referred to medical and psychology staff. There were no incidents where it was required to separate offenders or collect evidence as a first responder during the audit review period. There were 3 reported cases of sexual abuse during this audit period that were found unsubstantiated.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and ID 04.01, Offender Sexual Assaults-Prevention and Intervention it was determined by the auditor that TAYLORVILLE CC meets the mandate of this standard.

Specifically, policy provide detailed guidance to employees regarding the expected coordinated actions to take in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigations, and facility leadership.

During interviews with staff, each confirmed they were knowledgeable regarding their responsibilities in the coordinated response process. Staff have a first responder card that they carry in their ID badge holder.

Standard 115.66: Preservation of ability to protect offenders from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor reviewed a copy of the Agreement, signed October 25, 2015, between Director of Teamsters Downstate Illinois State Employee Negotiating Committee and Director of Department of Central

Management Services. Agreement made and entered into this 1st day of July, 2015, by and between the Departments of Central Management Services, IDOC (hereinafter called the “Employer”) and the Teamsters Downstate Illinois State Employee Negotiating Committee (hereinafter called the “Union”) and their successors and assigns on behalf of employees in the collective bargaining unit. Therefore, it is determined by the auditor that the agency and TAYLORVILLE CC meets the mandate of this standard.

Specifically, subject to the provisions of this Agreement and P.A. 83-1012 the management of the operations of the Employer, the determination of its policies, budget, and operations, the manner of exercise of its statutory functions and the direction of its working forces, including, but not limited to, the right to hire, promote, demote, transfer, allocate, assign and direct employees; to discipline, suspend and discharge for just cause; to relieve employees from duty because of lack of work or other legitimate reasons; to make and enforce reasonable rules of conduct and regulations; to determine the departments, divisions and sections and work to be performed therein; to determine quality; to determine the number of hours of work and shifts per workweek, if any; to establish and change work schedules and assignments, the right to introduce new methods of operations, to eliminate, relocate, transfer or subcontract work and to maintain efficiency in the department is vested exclusively in the Employer provided the exercise of such rights by management does not conflict with the provisions of this Agreement.

Per an interview with the Director of IDOC, at a minimum, all collective bargaining agreements provide the Department with the ability to place an employee on paid administrative leave.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of offenders, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and ID 04.01.301, Offender Sexual Assaults-Prevention, MOU with John Howard Association, review of retaliation monitoring documentation, and interviews with staff it was determined by the auditor that TAYLORVILLE CC meets the mandate of this standard.

AD 04.01.301 indicates for a minimum of 90 days following the initial report of sexual abuse or harassment, the Department shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to observe if there are changes that may suggest possible retaliation by offender or staff. The offender's and staff' conduct and treatment shall be documented on the PREA Retaliation Monitor – Offender DOOC 0498 and Staff DOC 0499.

In accordance with an interview with the Director, and Warden, the department has the tools of conducting investigations, transfer of housing units, transfers to another facility, moving staff to different posts, medical evaluations and mental health evaluations to monitor for and prevent such retaliatory actions.

In addition the department has an MOU with John Howard Association to receive complaints from offenders to include retaliatory actions, which are then investigated by the department. Support services are provided throughout the facility by qualified mental health and local community providers as necessary.

Taylorville CC had 3 cases involving allegations of sexual abuse which were unsubstantiated and 5 cases of allegations of sexual harassment which were unfounded. The auditor reviewed the retaliation monitor files, it shows that the monitoring began approximately one month after the reporting date and

the monitoring lasted for approximately 60 days instead of at least 90 days with a review at 30 days and 60 days. There were no instances in which monitoring was required beyond 90 days. The auditor advised the Agency PREA Coordinator and Taylorville CC PCM that in accordance with policy AD 04.01.301 the retaliation monitoring cycle is to begin following the initial report of sexual abuse and/or sexual harassment. The auditor has recommended that the retaliation forms be revised to ensure that the case is monitored timely and for the appropriate duration. The Agency PREA Coordinator reviewed the forms and made the recommended changes to the form to be used in the future. If the final determination of the case is unfounded, then monitoring would cease. He discussed the monitoring period with the facility retaliation monitor who is also the facility PREA Compliance Manager. The auditor feels that these changes would improve the facility performance in this area and a corrective action was not needed. Taylorville CC had 8 cases that required retaliation monitoring during the past 12 months. 3 sexual abuse (unsubstantiated) and 5 sexual harassment which were all unfounded. The Agency policy required the monitoring of the sexual harassment cases as the PREA standard only requires monitoring of sexual abuse cases that are not unfounded.

An interview with the Warden confirmed in the event retaliation is determined to have been performed by either an identified staff member and/or offender, discipline actions would be applied. The offender and/or staff experiencing retaliation could be transferred to another facility if necessary. The facility would take the appropriate measures necessary to protect that individual from retaliation.

During an interview with staff assigned to monitor staff and offender retaliation, he confirmed that no staff and 8 offenders were monitored for retaliation during the past 12 months. A review of the files supported documentation of monitoring; however, it was not for the required period. He indicated that he speaks with the offender or staff to see if they have been subject to any adverse actions. He stated that he reviews job placement, housing unit assignments, visiting, and any discipline history and he ask if they need mental health services.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; Title 20 Illinois Administrative Code; DR 501d 1994 5; Protective Custody; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention; Sexual Abuse and Harassment Prevention and Intervention Manual; interviews with Warden and Supervisor of Segregation, it was determined by the auditor that TAYLORVILLE CC meets the mandate of this standard.

Offenders who are identified as vulnerable shall not be housed in segregation for the sole purpose of providing protective custody unless no other means of separation can be arranged. During interviews with the Warden and Supervisor of Segregation, each confirmed there has not been any offenders placed in segregated housing due to being identified as vulnerable or in order to provide protection for an offender who has alleged to have suffered sexual abuse. The alleged abuser would be placed in segregated housing.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with AD 01.12.101, Employee Criminal Misconduct; AD 04.12.120, Investigations of Unusual Incidents; Title 20 Administrative Code, DR part 112, Internal Investigation; interviews with Warden, investigative staff, and IDOC Agency PREA Coordinator, it is determined by this auditor that TAYLORVILLE CC is in compliance with this standard.

TAYLORVILLE CC promptly conduct thorough and objective investigations of sexual abuse and sexual harassment, to include those reported by third-party and/or anonymously. Interviews with 2 investigators and review of the investigators' training documentation confirmed each received the required special training to conduct sexual abuse allegations. The 2 investigators interviewed clearly articulated to the auditor their duties and actions taken during the gathering and preserving direct and circumstantial evidence, including the collection and preservation of DNA, and various methods to include interviews with witnesses, alleged victim, suspected perpetrator and electronic data collection.

Prior complaints and reports of the alleged perpetrator is also reviewed by the investigative staff during an investigation. The facility is authorized to seek assistance from the Illinois State Police as needed in conducting investigations. When the quality of evidence appears to support criminal prosecution, the agency may contact the Illinois State Police to continue with the investigation. Consultation with the State Attorney's Office prior to conducting compelled interviews will be performed by that department. Substantiated allegations that appear to be criminal are required for prosecution. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis is not determined by the person's status as offender or staff.

During an interview with the investigative staff, they confirmed the agency does not require an offender who alleged sexual abuse to submit to a polygraph or truth-telling device. The Agency retains all written reports for as long as the alleged abuser is incarcerated or employed by the Agency, plus five years. If a staff member alleged to have committed sexual abuse terminates employment prior to the completion of a sexual abuse investigation terminate employment, or if an alleged victim or an abusive depart the facility prior to the completion of the investigation, the investigation is continued throughout completion of findings.

During interviews with the Warden and IDOC State PREA Coordinator each confirmed an outside agency will provide confidential updates through our agency. This information will be shared with identified agency specialized trained staff.

There were 8 allegations of sexual abuse and/or sexual harassment reported at TAYLORVILLE CC during the past 12 months for investigation. There were no allegations involving staff on offender and the 8 allegations reported involved offender on offender. Specifically, there were 3 allegations of sexual abuse which were found to be unsubstantiated and 5 allegations of sexual harassment which were unfounded.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Investigation evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention Program; Memorandum submitted by the Chief Investigations and Intelligence and interviews with Investigative Staff, it was determined by the auditor that TAYLORVILLE CC meets the mandate of this standard.

Policy mandates that no standard higher than a preponderance of the evidence should be imposed in determining whether an allegation of sexual abuse or sexual harassment is substantiated. This procedure and practice was confirmed during interviews with the investigators.

Standard 115.73: Reporting to offenders

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the

resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention PREA Investigation; Victim Notification of Completed PREA Investigation Findings Memorandum; and interview with investigative staff, it was determined by the auditor that TAYLORVILLE CC meets the mandate of this standard.

The auditor reviewed 3 investigative files for confirmation that the offender was notified of the investigative findings. The review confirmed a memo signed by the Warden, identifying the subject as a Victim Notification of Completed PREA Investigation Findings. The memo included the offender's name, state ID number, date of the reported allegation and the investigation finding as to if it was substantiated, unsubstantiated, or unfounded. However, the victim notification does not document the offender's receipt of the notification. The agency has a policy that require any offender who alleges he suffered sexual abuse/sexual harassment in an Agency facility shall be notified verbally, and in writing that the completion of the investigation has been determined to be substantiated, unsubstantiated or unfounded. The auditor would recommend that a section is added to the form for the offender to acknowledge via his signature that he received the notification. Additionally, the auditor recommends a signature block for the staff member notifying the offender and a signature block for a staff witness to sign if the offender refuses to sign. If the offender has been transferred prior to the conclusion of the investigation, a note could be added that the form was mailed to the offender. This recommendation is not presented as a requirement for meeting this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, Disciplinary for Staff; AD 03.01.120.Employee Review Hearing; AD 03.01.310, Sexual Harassment Requirements and Agency Brochure: Custodial Sexual Misconduct-Socialization Prevention; PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual; interviews with HRM, investigative staff, and Warden, it was determined by the auditor that TAYLORVILLE CC meets the mandate of this standard.

Employees are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual touching only after conclusion of the investigation All terminations for violations of sexual abuse or sexual harassment policies, or resignation by staff who have been terminated if not for their resignation, shall be reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. There have been no volunteers in the

facility during the audit period due to COVID-19 restrictions and there were no allegations made against staff, volunteers or contractors.

There were no incidents of staff terminated, resignation during investigation and/or reported to licensing bodies due to allegations of sexual abuse/sexual harassment during the past 12 months at TAYLORVILLE CC.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with offenders? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with offenders? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☒ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 03.01.310, Sexual Harassment; AD 01.12.120, Investigations of Unusual Incidents; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and ID 04.10.122, Volunteer Services, it is determined TAYLORVILLE CC meets the mandate of this standard.

Contractors and Volunteers who engage in sexual abuse are prohibited from contact with offenders and are reported to law enforcement agencies and to relevant licensing bodies, unless the activity is clearly not criminal. There were no instances where a contractor or volunteer was involved in a case during the past 12 months.

During an interview with the Warden, she confirmed the facility would take the appropriate remedial measures and consider prohibiting further contact with offenders.

Standard 115.78: Disciplinary sanctions for offenders

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are offenders subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between offenders to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between offenders.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☒ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults- Prevention and Intervention and the Offender Handbook it was determined that TAYLORVILLE CC meets the mandate of this standard.

The Agency may discipline an inmate for sexual contact with a staff member upon a finding that the staff member did not consent to such contact. Offenders determined to be guilty of an administrative or criminal finding of sexual abuse allegations are subject to discipline actions pursuant to a formal disciplinary process. Disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any should be imposed. If mental disabilities or mental illness is a factor, the facility considers the offer of therapy, counseling, and/or other interventions which are designed to address and correct underlying reasons or motivations for the abuse. Sexual activity between offenders is prohibited by the Agency and offenders receive discipline for such actions. The Agency does not find consensual sex between offenders to constitute sexual abuse. There were 3 cases of Offender on Offender sexual

abuse during the past 12 months which were unsubstantiated and 5 cases of sexual harassment which were unfounded.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with DOC 0372, Mental Health Screening Form and PREA Checklist and Authorization for Release of Offender Mental Health of Substance Abuse Treatment Information Form; 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, it was determined that TAYLORVILLE CC meets the mandate of this standard.

During interviews with mental health and health care staff, it was confirmed, that screening for prior victimization is conducted by mental health practitioners during the in-take screening process. If the screening indicates an offender experienced prior sexual victimization, staff ensures the offender is offered a follow-up meeting with a health care and mental health practitioner, within 14 days or sooner. However, these follow-up mental health meetings routinely are held within 72 hours after the in-take screening process. A review of the 8 reported sexual abuse and sexual harassment cases confirmed that the offenders were seen by both mental health and medical staff upon reporting the allegation. The information related to sexual abusiveness and/or sexual victimization is limited to health care, mental health practitioners and other staff on a need-to-know basis for security, treatment plans, program assignments, housing, work, and management decisions.

The auditor reviewed the mental health follow-up logs to ensure offenders are seen by mental health following a referral. In interviews with offenders who reported prior sexual victimization at intake, they indicated that they were seen by mental health and some continue counseling on an on-going basis. TAYLORVILLE CC does not house youthful offenders under the age of 18 years old.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program Victim Advocacy, & Community Support Services for PREA Victims, and interviews with Medical and Mental Health staff it is determined that TAYLORVILLE CC meets the mandate of this standard.

Wexford Health Sources Incorporated provides contract services for medical and mental health services at TAYLORVILLE CC. TAYLORVILLE CC has policies and procedures in place to offer medical and mental health evaluation and as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. These services are provided to victims consistent with the community level of care and free of cost to the victim.

During interviews with mental health staff, they indicated that they offer on-going counseling services to offenders. During interviews with random and targeted offenders they indicated that they were aware of the services offered and some indicated that they have been in counseling. There were no substantiated cases of sexual abuse at Taylorville CC during this audit period.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention; review of documentation; interviews with the Health Care Administrator and mental health practitioner it is determined that TAYLORVILLE CC meets the mandate of this standard.

The facility offers medical and mental health evaluation and treatment to all offenders who have been victimized by sexual abuse at the facility. This evaluation treatment of such victims includes an appropriate evaluation, treatment, and follow-up services. The mental health and health care services are available to the inmate consistent with the community level of care. Inmate victims of sexual abuse

are offered testing for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim identify his assailant or cooperate with any investigative that may arise from the incident. Mental health evaluations are conducted on all known inmate on inmate abusers within 60 days of learning of the abuse history.

In interviews with the mental health staff, they indicated that offenders are referred from intake and some offenders come for counseling on their own. In interviews with random and targeted offenders, they indicated that they are aware of the services offered and would utilize them if they needed. There were no substantiated cases of sexual abuse at Taylorville CC during this audit period.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☐ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; review of Memorandum dated August 20, 2012, implementation of Sexual Abuse Incident Reviews by the Director, and review of facility Incident Review Report documentation, it is determined that TAYLORVILLE CC meets the mandate of this standard.

The memo regarding the implementation of Sexual Abuse Incident Reviews states the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. Such review shall ordinarily occur with 30 days of the conclusion of the investigation.

The Warden has designated the PREA Compliance Manager, Backup Compliance Manager, Internal Affairs staff, Health Care Administrator, Associate Warden (P), Mental Health Practitioner, and a Supervisor to serve on the Incident Review Team.

A review of Incident Review Team documentation confirm the team meets 30 days following the conclusion of an allegation to review completed investigative reports of sexual abuse allegations, including where the allegation has not been substantiated, unless the allegation has been determined be to unfounded. There were 3 allegations of sexual abuse investigations determined to be unsubstantiated during the past 12 months and each was reviewed by the Incident Review Team. During an interview with a designated Incident Review Team member, he indicated that the team does meet and also goes to the site of the incident and review for recommendations to the Warden. During the review of the documentation it was noted that only 3 staff were designated as members of the review team. The auditor showed the Warden the makeup of the team as required by the PREA standards and she designated the required team members and issued a new memo during the on-site visit.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders? (N/A if agency does not contract for the confinement of its offenders.) ☐ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention; PREA FY 2020 Annual Compliance Report; and review of quarterly PREA reports it is determined that TAYLORVILLE CC meets the mandate of this standard.

The IDOC has collected accurate, uniform data for every allegation of sexual abuse at facilities under its direct control, using a standardized instrument and set of definitions. The incident-based data collected includes data required to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The Administrative Directive requires the report to be published on the IDOC website and include a comparison of the current years' data and corrective actions with those from prior years. The report shall also provide an assessment of the Agency's progress in addressing sexual abuse. In an interview with the Agency PREA Coordinator, he confirmed that his office does collect the data and prepares the annual report.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program Manual; ID 04.01.301 Offender Sexual Assault-Prevention and Intervention; IDOC Website Annual PREA Reports, and agency and staff interviews; it is determined by the auditor that TAYLORVILLE CC meets the mandate of this standard.

The agency review data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by 1) identifying problem areas; 2) taking corrective action on an ongoing basis; 3) preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

In an interview with the Director, he confirmed this is completed through the facility review process supported by AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program and the PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual. He continued in stating, the information obtained is used in identifying problem areas or policies, addressing issues that have occurred on a regular basis, staff training, continuation in taking corrective action when problems may arise, and using the facility review process to ensure the proper proactive steps are taken for problem solving. In addition, the department has implemented procedures to collect data on a quarterly basis for all facilities within the department. The Director confirmed Data is aggregated and provided in a report by the Agency PREA Coordinator and submitted to him for review and approval.

A review of the IDOC Website 2020 PREA Annual Report confirmed the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse; and the agency's annual report is approved by the agency head and made readily available to the public through its website. The Director confirmed he approve all annual reports pursuant to this standard.

The agency indicates the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; IDOC PREA Annual Reports; and review of the IDOC website, it was determined by the auditor that TAYLORVILLE CC meets the mandate of this standard.

Policies and procedures are in place to ensure guidelines are followed to ensure: 1) data collected pursuant to standard 115.87 are securely retained; 2) the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website; 3) the agency remove all personal identifiers before making aggregated sexual abuse data publicly available; 4) the agency maintain sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
☒ Yes ☐ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? ☒ Yes ☐ No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with offenders, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were offenders permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Agency deferred conducting PREA audits until the third year of the first cycle and completed all audits for then existing 29 Agency facilities during that year. The IDOC has since opened an additional facility and is in the second cycle of conducting PREA audit throughout the Agency. Taylorville CC is in the second cycle of the three year auditing cycle. Therefore, Taylorville CC meets the mandates of this standard.

The facility was previously audited in 2018 and the Auditor confirmed the audit report was posted on the agency's website. This report does not contain any personal identifying information and there were no conflicts of interest regarding the completion of the audit. The facility and agency policies were reviewed regarding compliance with the standards and have been identified in the report. The audit findings were based on a review of policies and procedures and supporting documentation; interviews with staff and inmates; and observations.

The auditor was given access to all areas of the facility while allowing observation of full operational procedures of the Taylorville Correctional Center. The auditor was allowed access to review all required documentation under the PREA standards and was allowed to retain relevant documentation as requested. The auditor did not receive any confidential information or correspondence from offenders. If received, it would be treated in the same manner as if they were communicating with legal counsel.

Upon a review of documentation and an interview with the Agency PREA Compliance Manager support the finding that TAYLORVILLE CC is in compliance with this standard.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☐ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Agency has published on its Agency website and has made publicly available, all Final Audit Reports within 90 days of issuance by the auditors. The review period for the Agency's prior audits was completed during the past three years. Taylorville CC was previously audited in 2018 and the Auditor confirmed the audit report was posted on the agency's website. Therefore, Taylorville CC meets the mandates of this standard.

The audit report does not contain any personal identifying information and there were no conflicts of interest regarding the completion of the audit. The facility and agency policies were reviewed regarding compliance with the standards and have been identified in the report. The audit findings were based on a review of policies and procedures and supporting documentation; interviews with staff and inmates; and observations.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Crystal Y. Norment

July 21, 2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.